

**ASC X12N 837 v.4010A1 Data Specifications** Certain sections of this guide contain the specific formats for the ASC X12 837 v.4010A1 for each claim type. The record formats are the same regardless of the media type (telecommunications or tape).

**Explanation of Items** The record specifications provided on the following pages may contain a value for each field. This brief description is included to assist in programming tasks. It is not intended to replace any Medi-Cal or CHDP billing instructions or policy found in the Medi-Cal Provider Manuals.

For an explanation of the ANSI (American National Standards Institute) ASC (Accredited Standards Committee) version 4010A1 standards and various data values, refer to the appropriate ANSI ASC X12N v.4010A1 standards documentation available.

**Required, Situational or Not Used** Each field on the following record formats is designated as either S (Situational), R (Required) or N (Not Used). This provides a guide of fields required for proper adjudication at the claim level. The fields listed below are mandatory for proper processing of the CMC file prior to claim level processing.

Submitter Number (ISA06)

Provider ID Number (REF02 in loop 2010AA)

Claim Type (NM109 in loop 2010BC)  
The *Billing Value* field for each *Claim Record (CLM02)*

Line number for each service billed in the *Claim Record (LX)*